

**New Jersey Department of Health and Senior Services  
Infectious and Zoonotic Diseases Program  
PO Box 369  
Trenton, NJ 08625-0369**

**TO BE COMPLETED BY VETERINARIAN**

Pre-Surgical Authorization

Number: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION AND CONSENT FOR STERILIZATION OF PETS**

*This sterilization falls under New Jersey Public Laws (P.L. 1983, Chapter 172, P.L. 1986, Chapter 192, P.L. 1989, Chapter 238 and P.L. 1991, Chapter 405) and attendant regulations in the New Jersey Administrative Code. Any falsification of information on this or related documents is punishable by fines under the penalty enforcement law.*

**PART I - CLIENT / PET INFORMATION**

1. Name of Pet Owner (Last, First, MI)		2. Home Telephone Number	3. Social Security Number
4. Street Address		City	State      Zip Code
5. Ownership 1 <input type="checkbox"/> Owner      2 <input type="checkbox"/> Proxy (Proxy Authorization Form MUST BE ATTACHED)			
6. From What Source Was Pet Obtained? 1 <input type="checkbox"/> Pet Shop      2 <input type="checkbox"/> Shelter/Pound      3 <input type="checkbox"/> Kennel/Private Breeder      4 <input type="checkbox"/> Friend/Relative      5 <input type="checkbox"/> Other			
7. Programs Under Which Eligibility is Claimed <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1 <input type="checkbox"/> Food Stamps  2 <input type="checkbox"/> Supplemental Security Income  3 <input type="checkbox"/> Aid to Families with Dependent Children (ADC)  4 <input type="checkbox"/> General Public Assistance (Welfare)  5 <input type="checkbox"/> Pharmaceutical Assistance to the Aged and Disabled  6 <input type="checkbox"/> Rental Assistance </div> <div style="width: 48%;"> 7 <input type="checkbox"/> Lifeline Credit  8 <input type="checkbox"/> Tenants Lifeline Assistance  9 <input type="checkbox"/> Medicaid  10 <input type="checkbox"/> Shelter/Pound Adoption Program  Date of Adoption: _____  Facility/Agency Code Number: _____ </div> </div>			
8. Type of Pet <input type="checkbox"/> Male Dog      2 <input type="checkbox"/> Female Dog      3 <input type="checkbox"/> Male Cat      4 <input type="checkbox"/> Female Cat			
9. Is Pet Licensed? 1 <input type="checkbox"/> Yes - License Number: _____      2 <input type="checkbox"/> No			
10. Name of Pet	11. Breed	12. Weight <div style="text-align: right;"><b>Lbs.</b></div>	13. Age <div style="text-align: right;"><b>Years</b></div>

*I HEREBY CONSENT TO THE PRE-SURGICAL IMMUNIZATION, IF REQUIRED, AND STERILIZATION OF THE PET DESCRIBED ABOVE AND ATTEST THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE*

Signature of Pet Owner or Authorized Representative	Date
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**PART II - VETERINARIAN INFORMATION**

14. Name of N. J. Licensed Veterinarian (Last, First, MI)		
16. Name of Business/Hospital		17. Business Telephone Number (      )
18. Type Vaccination Administered	19. Date of Vaccination	20. Date of Sterilization
21. Co-Payment Fee Paid for Sterilization 1 <input type="checkbox"/> \$10 (Social Services Program)      2 <input type="checkbox"/> \$20 (Shelter/Pound Adoption Program)		

*CERTIFICATION: I HEREBY CERTIFY THAT THE CLIENT IS ELIGIBLE UNDER THE PROGRAM CHECKED ABOVE AND HAS PRESENTED THE PROPER IDENTIFICATION. THE CO-PAYMENT FEES WILL BE FOR THE ENTIRE SURGICAL PROCEDURE WHICH SHALL MEAN HEREIN EXAMINATIONS, IMMUNIZATION, SPAYING/NEUTERING, MAINTENANCE, DISCHARGE, REMOVAL OF SUTURES, AND POST-SURGICAL COMPLICATIONS. I HEREBY ATTEST THAT THE IMMUNIZATION AND/OR STERILIZATION OF THE ANIMAL DESCRIBED ABOVE WAS CARRIED OUT AS RECORDED.*

Signature of Veterinarian	Date
Signature of Pet Owner or Authorized Representative	Date